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| <b>Case Number:</b>   | CM14-0113613 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 08/03/2012 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of August 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated June 25, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 6, 2014, difficult to follow, not entirely legible, the applicant presented with multifocal neck, low back, and shoulder pain, 9/10. Norco, acupuncture, manipulative therapy, physical therapy, and MRI imaging of the neck, shoulder, and lumbar spine were sought. The applicant was given a rather proscriptive 10-pound lifting limitation. Tramadol and Naprosyn were also seemingly prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended as a last-line option, in applicants who have not responded to or are intolerant to other treatments. In this case, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, tramadol, Norco, etc. effectively obviates the need for the capsaicin-containing topical compound. Therefore, the request is not medically necessary.

**Flurbiprofen 20%, Tramadol 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Norco, tramadol, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agents in question. Therefore, the request is not medically necessary.